

# EQUINE INSURANCE APPLICATION

## THIS IS NOT A BINDER

**MarketScout Corporation**  
 12700 Park Central Drive, Suite 300  
 Dallas, TX 75251  
 Phone: (972) 934-4200 Fax: (972) 934-4299

New Business     Renewal of \_\_\_\_\_     Add to Policy \_\_\_\_\_  
**IMPORTANT: No application will be considered if not fully completed and signed by the Insured.**

NAME OF APPLICANT		COVERAGE(S) DESIRED	
STREET ADDRESS		<input type="checkbox"/> Mortality	Not all endorsements are available on every horse, please check with your agent.
CITY/STATE/ZIP CODE		or <input type="checkbox"/> Specified Perils	<input type="checkbox"/> Major Medical (select one not to exceed the Mortality Limit) <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$7,500 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$12,500
CONTACT INFORMATION	Email Address: _____	<b>POLICY PERIOD REQUESTED</b>	
Phone Numbers: Home ( _____ )	Cell: ( _____ )	(12:01am Standard Time)	
		From _____ To _____	
<b>BILLING METHOD:</b> <input type="checkbox"/> Agency Bill <input type="checkbox"/> Direct Bill Installments* <input type="checkbox"/> Direct Bill Full Payment			
*Min. \$750 Premium - 40% down plus 3 installments of 20% billed every 60 days. Service fee \$5.00/installment			

**AMOUNTS OF INSURANCE IN EXCESS OF PURCHASE PRICE ARE SUBJECT TO COMPANY ACCEPTANCE. VALUE SUBSTANTIATION MUST BE PROVIDED.**

#	NAME AND REGISTRATION / SIRE & DAM (A photo is required for unregistered animals.)	YR. OF BIRTH (DOB if under 1 year)	SEX Filly, Colt, Gelding, Mare or Stallion	BRED	USE	DATE OF PURCHASE	PURCHASE PRICE	REQUESTED AMOUNT
1)								
2)								
3)								

1. Percentage of ownership:  100% or  \_\_\_\_\_ %  
 Give name and address of other owner(s): \_\_\_\_\_
2. Was purchase price paid by cash, trade, or both? Give particulars: \_\_\_\_\_
3. Are animals financed or leased?  Yes  No  
 Name and address of Lessor/Payee: \_\_\_\_\_
4. Are animals healthy and capable of performing intended use?  Yes  No  
 If no, describe: \_\_\_\_\_
5. Has animal been treated for an accident, illness, lameness, or colic in the last 3 years? If yes, provide date & details: \_\_\_\_\_  Yes  No
6. Are animals on inoculation and worming program supervised by a vet? \_\_\_\_\_  Yes  No  
 If no, explain: \_\_\_\_\_
7. Are animals now insured?  Yes  No    Previously insured?  Yes  No  
 If yes to either, what company and amount: \_\_\_\_\_
8. Has any company cancelled or refused to renew your coverage?  Yes  No  
 If yes, give company, date, and reason given for company action: \_\_\_\_\_

I understand that the insurance being applied for, if accepted by the Company, will be based on the statements made in this application. If information is withheld or falsely stated, any insurance issued may be subject to rescission or modification as provided by the law of the state in which the application was accepted or the policy issued.

**COVERAGE IS CONSIDERED AS "APPLIED FOR" WHEN THE APPLICANT HAS SIGNED AND DATED THIS FORM**

9. Has any horse owned by you died in the past three years?  Yes  No  
 If yes, state cause of death: \_\_\_\_\_  
 Was there insurance?  Yes  No    What company? \_\_\_\_\_  Yes  No  
 10. Are you insuring other horses with another company?  Yes  No  
 If so, which company: \_\_\_\_\_  
 11. Name and telephone number of your regular veterinarian: \_\_\_\_\_  
 12. How long has this veterinarian treated the horse(s)? \_\_\_\_\_  
**Health Statement:** is acceptable for horses valued at \$50,000 or less, ages 31 days of age through 15 years old, not requesting Loss of Use coverage and horses that have not had any illness, injury, lameness, disease or surgery in the past twelve months. A satisfactory veterinarian certificate is required for all others.

**DECLARATION OF HEALTH**

The undersigned, hereby affirms that the animal(s) above are in good health and have not had any illness, injury, surgery or loss of foal (if broodmare) during the past 12 months, to the best of my knowledge and belief. I understand that Underwriters are issuing insurance in reliance upon the information I am now disclosing.

Exceptions: \_\_\_\_\_

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any material false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a criminal act, which is a crime, and may subject each person to criminal and civil penalties.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE / /